

EMD 129

County: _____

Category of Work: _____

Public Agency or Indian Tribe: _____

Date: _____

This form should be used as a worksheet by the affected Public Agency or Indian Tribe to compile damage values.

Note: The damages must be compiled on a category of work basis.

Emergency Work

A – Debris Clearance

B – Protective Measures

Permanent Work

C – Road Systems

D – Water Control Facilities

E – Public Buildings and Equipment

F – Public Utility Systems

G – Parks and Other

1. Please indicate the type of road system (on or off) on the category of work line
2. Please transfer totals to Form DEM 130 - Preliminary Damage Assessment Summary.

The President declares disaster areas by county. The coordination of the state/federal damage assessment will be through the county emergency management office. Please provide copies to that office as soon as possible. Time is of the essence.

[illegible]

PRELIMINARY DAMAGE ASSESSMENT SUMMARY

EMD 130

COUNTY	NAME OF APPLICANT	LOCAL CONTACT	PHONE NUMBER ()	POPULATION	TOTAL BUDGET \$	MAINTENANCE BUDGET \$	DATE BUDGET BEGINS
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PART II. -- DAMAGE COST ESTIMATES

CATEGORY OF WORK	# OF SITES	FEMA		CORPS		FHWA		NRCS	
		LOCAL	TEAM	LOCAL	TEAM	LOCAL	TEAM	LOCAL	TEAM
A-Debris Clearance		\$	\$	\$	\$	\$	\$	\$	\$
B-Protective Measures		\$	\$	\$	\$	\$	\$	\$	\$
C-Road Systems		\$	\$	\$	\$	\$	\$	\$	\$
D-Water Control Facilities		\$	\$	\$	\$	\$	\$	\$	\$
E-Public Buildings & Equipment		\$	\$	\$	\$	\$	\$	\$	\$
F-Public Utilities		\$	\$	\$	\$	\$	\$	\$	\$
G-Parks/Other		\$	\$	\$	\$	\$	\$	\$	\$
Sub-Totals		\$	\$	\$	\$	\$	\$	\$	\$
<div> <div>LOCAL TOTAL DOLLAR ESTIMATE \$ _____</div> <div>TEAM TOTAL DOLLAR ESTIMATE \$ _____</div> </div>									

PART III.-- DISASTER IMPACT (NARRATIVE)

LOCAL

TEAM

Please complete the narrative questions on page 2 of this form, detailing the impacts on your jurisdiction.					
Team Member Names	Agency	Phone Numbers			Date
Local Representative-	-	Work ()	Home ()	Fax ()	-
State Representative-	-	Work ()	Home ()	Fax ()	-
Federal Representative-	-	Work ()	Home ()	Fax ()	-